



Department of Medical Assistance Services
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<http://www.dmas.state.va.us>

MEDICAID MEMO

TO: All Providers that Furnish Services for Personal Care, Respite Care, Companion Care, Adult Day Health Care and Private Duty Nursing and Managed Care Programs

FROM: Cynthia B. Jones, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special
DATE: 6/30/2016

SUBJECT: Rate Increases for Personal Care, Respite Care, Companion Care, Adult Day Health Care and Private Duty Nursing Services for Members in Home and Community Based Services Waivers and the Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program - **REVISED**

This memorandum (which supersedes the memo entitled “Rate Increases for Personal Care, Respite Care, Companion Care, Adult Day Health Care and Private Duty Nursing Services for Members in Home and Community Based Services Waivers and the Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program”) is a REVISION to the previous memo.

The purpose of this memo is to notify providers of rate changes for select services in the Medicaid 1915(c) Home and Community Based Services (HCBS) waivers. The delay is due to notification from the Centers for Medicare and Medicaid Services (CMS) that additional time is required by CMS to review the Commonwealth's rates for these services. **Under 42 CFR 441.304, a rate methodology change is considered a substantive change, which CMS can only approve prospectively.** DMAS will send another memo confirming the final effective date for rate changes to personal care, respite care and companion care.

Please note that the first rate table does not include any services under the Individuals and Families Developmental Disabilities (DD) Waiver, Intellectual Disability (ID) Waiver or the proposed Developmental Disabilities Medicaid Waiver Redesign referenced in Medicaid Memo dated 5/24/16. Rate updates for these services will be addressed in another Medicaid memo. The second rate table includes Waiver services that are under CMS review.

Personal Care, Respite Care and Companion Care - In accordance with Item 306.JJJJ of the 2016 Acts of Assembly, Chapter 780, reimbursement rates for personal care, respite care and companion care services shall be increased by 2.0% effective **August 1, 2016** subject to CMS approval. Personal care and respite care services are included in the Elderly or Disabled with Consumer Direction Waiver (EDCD). Personal care, respite care and companion care services are included in the Intellectual Disability (ID) Waiver and the Individuals and Families Developmental Disability (DD) Services Waiver. There are separate rates for Agency and Consumer Directed services.

Adult Day Health Care - In accordance with Item 306.LLLL of the 2016 Acts of Assembly, Chapter 780, reimbursement rates for adult day health care services provided under the ED CD Waiver shall be increased by 2.5% effective August 1, 2016 and subject to approval by CMS.

Private Duty Nursing - In accordance with Item 306.KKKK, of the 2016 Acts of Assembly, Chapter 780, reimbursement rates for private duty nursing services (including respite nursing services) for nursing care provided in home to children through the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program shall be increased by 11.5% effective July 1, 2016. This includes respite care furnished by an LPN in the EPSDT program.

Note that rates for private duty nursing and skilled nursing services offered in the ID, DD, EDCD, and Technology Assisted Waivers will not change until August 1, 2016, pending CMS approval. The private duty nursing rates in these waivers are based on the same rate per hour and adjusted for 15 minute units. Skilled nursing rates are approximately 22% higher than private duty nursing rates to reflect additional travel and documentation costs and are also billed in 15 minute units. More information on these nursing services and other services as well as rates for individuals in the ID and DD Waivers (including name changes for the waivers) are in a Medicaid Memo on the Developmental Disabilities Medicaid Waiver Redesign dated May 24, 2016. Changes to nursing services in all waivers including rates have also been delayed.

Table 1

Home and Community Based Waiver Rates Effective July 1, 2016

Service	Procedure Codes	Area	Rate effective 7/1/2016	Modifier	Unit
Congregate Nursing, RN (EPSDT)	G0162	ROS	\$21.33	N/A	Hour
		NOVA	\$24.59		
Congregate Nursing, LPN (EPSDT)	G0163	ROS	\$19.35	N/A	Hour
		NOVA	\$22.13		
Nursing Care In Home (EPSDT), RN	S9123	ROS	\$30.37	N/A	Hour
		NOVA	\$36.88		
Nursing Care In Home (EPSDT), LPN	S9124	ROS	\$26.37	N/A	Hour
		NOVA	\$31.97		

Table 2

Home and Community Based Waiver Rates Effective August 1, 2016 Subject to CMS Approval

Service	Procedure Codes	Area	Rate effective 8/1/2016	Modifier	Unit
Companion Care (Agency)	S5135	ROS	\$13.43	N/A	Hour
		NOVA	\$15.81		
Companion Care (Consumer Directed)	S5136	ROS	\$9.22	N/A	Hour
		NOVA	\$11.93		
Personal Care (Agency)	T1019	ROS	\$13.43	N/A	Hour
		NOVA	\$15.81		

Service	Procedure Codes	Area	Rate effective 8/1/2016	Modifier	Unit
Personal Assistance/Attendant Care (Consumer Directed)	S5126	ROS	\$9.22	N/A	Hour
		NOVA	\$11.93		
Respite Care (Agency)	T1005	ROS	\$13.43	N/A	Hour
		NOVA	\$15.81		
Respite Care (Consumer Directed)	S5150	ROS	\$9.22	N/A	Hour
		NOVA	\$11.93		
Respite Care, RN	S9125	ROS	30.37	TD	Hour
		NOVA	36.88		
Respite Care, LPN	S9125	ROS	\$26.37	TE	Hour
		NOVA	\$31.97		
Congregate Nursing, RN	T1000	ROS	\$21.33	U1	Hour
		NOVA	\$24.59		
Congregate Nursing, LPN	T1001	ROS	\$19.35	U1	Hour
		NOVA	\$22.13		
Congregate Nursing Respite, RN	T1030	ROS	\$21.33	TD	Hour
		NOVA	\$24.59		
Congregate Nursing Respite, LPN	T1031	ROS	\$19.35	TE	Hour
		NOVA	\$22.13		
Private Duty Nursing, RN (Technology Assisted (Tech) Waiver)	T1002	ROS	\$30.37	N/A	Hour
		NOVA	\$36.88		
Private Duty Nursing, LPN (Technology Assisted (Tech) Waiver)	T1003	ROS	\$26.37	N/A	Hour
		NOVA	\$31.97		
Adult Day Health Care (Elderly or Disabled With Consumer Direction (EDCD) Waiver)	S5102	ROS	\$57.04	N/A	Per Diem
		NOVA	\$61.60		

COMMONWEALTH COORDINATED CARE

Commonwealth Coordinated Care (CCC) is a managed care program that is coordinating care for thousands of Virginians who have both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at http://www.dmas.virginia.gov/Content_pgs/alte-home.aspx to learn more.

MANAGED CARE PROGRAMS

Many Medicaid individuals are enrolled in one of the Department's managed care programs (Medallion 3.0, CCC and PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE

provider. The managed care plan/PACE provider may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the individual's managed care plan/PACE provider directly.

Contact information for managed care plans/PACE providers can be found on the DMAS website for each program as follows:

- Medallion 3.0: http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx
- Commonwealth Coordinated Care (CCC): http://www.dmas.virginia.gov/Content_pgs/mmfa-isp.aspx
- Program of All-Inclusive Care for the Elderly (PACE): http://www.dmas.virginia.gov/Content_atchs/lrc/PACE%20Sites%20in%20VA.pdf

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Help desk toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

KEPRO PROVIDER PORTAL

Providers may access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.